

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/903,973
	Filing Date	July 12, 2001
	First Named Inventor	Joseph A. Schrader
	Group Art Unit	2421
	Confirmation Number	9505
<input type="checkbox"/> Sent via Express Mail Label No.:	Examiner Name	Christopher J. Parry
	Attorney Docket Number	164052.02

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (12 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A (pages) <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) (sheets) <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed (pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (pages) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> General Power of Attorney (SB80) <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p><u>CERTIFICATE OF MAILING OR TRANSMISSION</u> (Under 37 CFR § 1.8(a))</p> <p>I hereby certify that this correspondence is being electronically deposited with the USPTO via EFS-Web on the date shown below:</p> <p><u>8/11/2010</u> <u>/Jeffrey R. Sadlowski/</u> Date Signature <u>Jeffrey R. Sadlowski</u> Printed Name</p> <p>Remarks <input type="checkbox"/></p>		

SIGNATURE OF ATTORNEY OR AGENT					
Signature	/Jeffrey R. Sadlowski/		Reg. No.	47,914	
Name of Attorney or Agent			Jeffrey R. Sadlowski		
Date	August 11, 2010	Tel.	(216) 925-5482	Facsimile No.	(216) 395-0155
Assignee Name:			MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052		
Customer Number:			22971		